FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

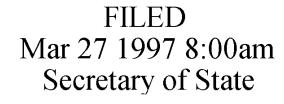
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997



THE AMAZONIAN PROJECT-BEAUTY FOR THE ENVIRONMENT AL, INC.  Principal Place of Business Mailing Address											
227-13 STREET MIAMI BEACH	r. Suite 3	227-13 STRE	et. Suite 3 H FL 33139-42	25							
						Ī	3. Date Incorporated or Qualified 11/21/1996	3a. Da	ite of Last	Report	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	- <del>21 10 .</del>	X	Applied Fo	or
21		26					,		<del></del>	lot Applic	
Suite, Apt.		27					5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	te	City & S	State				6. Election Campaign Financing		\$5.00	May Be	a
23		28					Trust Fund Contribution			to Fees	
		<b>├</b> ── `	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29		30					No		
	9, Name and Address of Curre	int Hagistered Ag	ent	81	Name		0. Name and Address of New Re	gistered	gent		·
				"	IName						
AMERILAWYER CHARTERED					Street	Address	ess (P.O. Box Number is Not Acceptable)				
343 ALMERIA AVENUE				-	<b></b>						
CORAL	GABLES FL 33134			63	1						
	•			84	City			FL	85 Zir	Code	
44 6	4	00   017 1500	Clarida Otatua				N			18 1-8-	
office or	to the provisions of Sections 617.05 registered agent, or both, in the State ani familiar with, and accept the oblig	e of Florida. Such	change was a	es, the abov authorized b	re-named y the corp	corpora poration	s board of directors. I hereby acce	purpose or pt the app	cnanging pintment a	ns register s register	.erea red
agent. La	ani familiar with, and accept the oblig	gations of, Section	617.0503, Fk	orida Statute	8.	•	•			•	
SIGNATURE											
	Signature, typed or printed name of registered ag		TON)	E: Registered Ag	ent signature	required w		DATE	BIBEOTO	50 5	
12.	·	ND DIRECTORS	DELETE	13.		T	ADDITIONS/CHANGES TO OFFICE	JEHS ANL	Change		
TITLE	PT		L) DELETE	1.1 TITLE	ı	}			Change	A0	Kontrul
NAME	VALLENILLA, ADRIAN			1.2 NAME		1					
STREET ADDRESS				1.3 STREE	TADDRESS	}					
DITY-ST-ZIP	MIAMI BEACH FL 33139		1 55: FYE	1.4 CITY-	ST-ZIP	ļ <u>-</u>	<u> </u>	···		7	1.000
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NAME	CORDOVA, RITA			2.2 NAME							
STREET ADDRESS	,			2.3 STREE	t address	J					
City - St - ZIP	MIAMI BEACH FL 33139			2 4 CiTY-	ST-ZIP	<b> </b>					
TITLF	D		DELETE	3.1 TITLE		]			L Change	L Ad	Jaition
NAME	BARRIOS, RAFAEL			3.2 NAME							
STREET ADDRESS				3.3 STREE	T ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL 33139			3.4. CITY-	ST-ZIP		<u> </u>		— <del></del>	···	1 1111
THILE	D	İ	DELETE	4.1 TITLE					☐ Change	L_ Ad	Jdition
NAME	LARES, RAQUEL			4. 2 NAME	.						
STREET ADDRESS				4.3 STREE	t address						
CITY-ST-ZIP	MIAMI BEACH FL 33139		<b></b>	44 CITY-	ST-ZIP	<u> </u>	<u> </u>	<del></del>			
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NAME	}			5.2 NAME					N	, 1°	J
STREET ADDRESS				5.3 STREE	T ADDRESS				W	ጋ ፊ 1	7
CITY - ST - 7IP				5.4 CITY-	ST-ZIP						
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NAME				6.2 NAME	.		-03/27/07011	ກຊີກາ	17		
STREET ADDRESS				6.3 STREE	T'ADDRESS		***61.25	ال يا	, 1		
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CITY-\$1-ZIP				6.4 CITY-	ST-ZIP	l					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

336-4648 Daylime Phone # 0027477